

<i>SERFF Tracking Number:</i>	<i>GBAC-128421081</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Degree of Honor Protective Association</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>DOHFPDA-12</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>DOHFPDA-12</i>		
<i>Project Name/Number:</i>	<i>DOHFPDA-12/</i>		

## Filing at a Glance

Company: Degree of Honor Protective Association

Product Name: DOHFPDA-12

SERFF Tr Num: GBAC-128421081 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non-Variable

SERFF Status: Closed-Approved- Closed  
State Tr Num:

Sub-TOI: A02I.002 Flexible Premium

Co Tr Num: DOHFPDA-12

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Mary Gardner, Anita Haug Disposition Date: 06/13/2012

Date Submitted: 06/06/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: DOHFPDA-12

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/13/2012

State Status Changed: 06/13/2012

Deemer Date:

Created By: Mary Gardner

Submitted By: Mary Gardner

Corresponding Filing Tracking Number:

Filing Description:

Re: DEGREE OF HONOR PROTECTIVE ASSOCIATION - NAIC #57088

FPDA-12 Flexible Premium Deferred Annuity Policy

On behalf of Degree of Honor Protective Association, a fraternal benefit society incorporated under laws of the State of Minnesota, we are submitting the above-referenced individual annuity form for approval.

FPDA-12 is a flexible premium deferred annuity policy. This is a new form and replaces form ANN FDA-03 approved by your department 4/29/03. The guaranteed interest rate in the new form will be based on the 5-year constant-maturity-treasury (CMT) rate and will be re-determined annually for a given calendar year of issue. The new form also reflects a

SERFF Tracking Number: GBAC-128421081 State: Arkansas  
Filing Company: Degree of Honor Protective Association State Tracking Number:  
Company Tracking Number: DOHFPDA-12  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium  
Variable  
Product Name: DOHFPDA-12  
Project Name/Number: DOHFPDA-12/

lower guaranteed settlement option interest rate.

Application APP ANN-06(AR) will be used with the form and was approved 10/26/06.

The plan will be marketed by the Society's licensed agents, with no changes from current marketing practices.

The Society plans to market the forms using the same agent sales approach used with the current forms.

State Narrative:

## Company and Contact

### Filing Contact Information

Mary Gardner, mgardner@lifebase.com  
100 First Avenue N.E. 319-896-5970 [Phone]  
Suite 117 319-896-5979 [FAX]  
Cedar Rapids, IA 52401

### Filing Company Information

(This filing was made by a third party - griffithballardandco)

Degree of Honor Protective Association	CoCode: 57088	State of Domicile: Minnesota
400 Robert Street N	Group Code:	Company Type: Fraternal
Suite 1600	Group Name:	State ID Number:
St. Paul, MN 55101-2029	FEIN Number: 41-0216310	
(651) 228-7600 ext. [Phone]		

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$125.00
Retaliatory?	Yes
Fee Explanation:	Annuity form with actuarial memorandum \$125.00 (MN)
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Degree of Honor Protective Association	\$125.00	06/06/2012	59723702

SERFF Tracking Number:	GBAC-128421081	State:	Arkansas
Filing Company:	Degree of Honor Protective Association	State Tracking Number:	
Company Tracking Number:	DOHFPDA-12		
TOI:	A021 Individual Annuities- Deferred Non-Variable	Sub-TOI:	A021.002 Flexible Premium
Product Name:	DOHFPDA-12		
Project Name/Number:	DOHFPDA-12/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/13/2012	06/13/2012

<i>SERFF Tracking Number:</i>	<i>GBAC-128421081</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Degree of Honor Protective Association</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>DOHFPDA-12</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
	<i>Variable</i>		
<i>Product Name:</i>	<i>DOHFPDA-12</i>		
<i>Project Name/Number:</i>	<i>DOHFPDA-12/</i>		

## Disposition

Disposition Date: 06/13/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GBAC-128421081 State: Arkansas

Filing Company: Degree of Honor Protective Association State Tracking Number:

Company Tracking Number: DOHFPDA-12

TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
Variable

Product Name: DOHFPDA-12

Project Name/Number: DOHFPDA-12/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Third Party Authorization Letter		Yes
Supporting Document	Statement of Variability		Yes
Form	Flexible Premium Deferred Annuity Policy		Yes

SERFF Tracking Number: GBAC-128421081 State: Arkansas

Filing Company: Degree of Honor Protective Association State Tracking Number:

Company Tracking Number: DOHFPDA-12

TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
Variable

Product Name: DOHFPDA-12

Project Name/Number: DOHFPDA-12/

## Form Schedule

### Lead Form Number: FPDA-12

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	FPDA-12	Policy/Cont Flexible Premium ract/Fratern Deferred Annuity al Policy Certificate	Initial		51.300	FPDA-12.pdf



# Degree of Honor Protective Association

“Fraternal Benefit Society”

[400 Robert Street North, Suite 1600  
Saint Paul, Minnesota 55101]  
[651.228.7600 or 800.947.5812]  
[www.degreeofhonor.org]

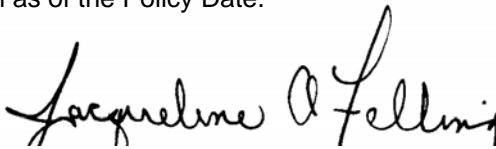
**DEGREE OF HONOR PROTECTIVE ASSOCIATION** agrees to pay:

- (a) an annuity income benefit commencing on the Annuity Income Benefit Agreement Date if the Annuitant is living on that date; or
- (b) a death benefit as herein defined to the Beneficiary when we receive proof satisfactory to us of the Owner's or Annuitant's death before the Annuity Income Benefit Agreement Date. The policy shall then be terminated. Settlement upon the death of the Owner or Annuitant shall be made after receipt of due proof of death.

The provisions on the following pages are also a part of this policy.

**THIS IS A LEGAL CONTRACT BETWEEN THE OWNER AND DEGREE OF HONOR PROTECTIVE ASSOCIATION  
READ YOUR POLICY CAREFULLY**

Executed by Degree of Honor Protective Association as of the Policy Date.

[ 

CHIEF EXECUTIVE OFFICER



SECRETARY ]

**RIGHT TO CANCEL.** You may cancel this policy by delivering or mailing a Written Request to our agent or our Home Office at Degree of Honor Protective Association, [400 Robert Street North, Suite 1600, Saint Paul, Minnesota 55101], and returning the policy to us or our agent before midnight of the 30<sup>th</sup> day after the date you received the policy. Notice given by mail and return of the policy by mail are effective upon being postmarked, properly addressed and postage prepaid. We will return all premiums paid, including any fees or charges, for this policy within ten days after we receive notice of cancellation and the returned policy. If this occurs the policy will be considered void from the beginning.

## **FLEXIBLE PREMIUM DEFERRED ANNUITY POLICY**

Annuity income payments to Annuitant beginning on the Annuity Income Benefit Agreement Date

Death benefit payable at death of Owner or Annuitant before the Annuity Income Date

Annuity purchase premiums payable to the Annuity Income Date or the death of the Owner or Annuitant  
Participating

This policy contains the following sections and provisions:

SECTION 1	Policy Data
SECTION 2	Surrender Charge Schedule
SECTION 3	Table of Values
SECTION 4	Annuity Income Option Tables
SECTION 5	Definitions
SECTION 6	General Provisions
6.1	The Contract
6.2	Ownership
6.3	Assignment
6.4	Change of Beneficiary
6.5	Conformity
6.6	Divisible Surplus
6.7	Misstatement of Age or Sex
6.8	Incontestability
6.9	Maintenance of Legal Reserves
SECTION 7	Annuity Purchase
7.1	Initial Premium
7.2	Additional Premiums
SECTION 8	Annuity Fund Value, Cash Value
8.1	Annuity Fund Value
8.2	Interest Crediting
8.3	Cash Value
8.4	Table of Values
8.5	Annual Report
SECTION 9	Death Benefit, Cash Surrender
9.1	Death Benefit
9.2	Full Cash Surrender
9.3	Partial Cash Surrender
9.4	Surrender Charge
9.5	Surrender Charge Waiver
SECTION 10	Annuity Income Options, Monthly Income Tables
10.1	Election of Annuity Income Option
10.2	Annuity Income Benefit Agreement
10.3	Annuity Income Options and Tables
10.4	Basis of Annuity Income Benefit Values



## POLICY DATA

OWNER: [John Doe]

POLICY NUMBER: [123456]

ANNUITANT: [John Doe]

POLICY DATE: [July 1, 2012]

ISSUE AGE & SEX: [35, Male]

ANNUTIY INCOME DATE: [July 1, 2077]

LODGE: [123]

STATE: Minnesota

BENEFICIARY: THE PERSON OR PERSONS SHOWN ON THE APPLICATION OR AS PROVIDED IN SECTION 6.2, 6.4 AND 9.1

PLAN: FLEXIBLE PREMIUM DEFERRED ANNUITY POLICY

INITIAL ANNUITY PURCHASE PREMIUM: [\$1,000.00 ON JULY 1, 2012]

PLANNED ADDITIONAL ANNUITY PURCHASE PREMIUM:    [\$1,000] ANNUALLY THEREAFTER

GUARANTEED INTEREST RATE: [3.00%] FIRST POLICY YEAR; [1.00%] THEREAFTER

MINIMUM PARTIAL CASH SURRENDER AMOUNT \$250.

## SECTION 2

### SURRENDER CHARGE SCHEDULE (SEE SECTION 9 FOR DETAILED EXPLANATION)

POLICY YEAR	SURRENDER CHARGE %
1-3	7.0
4	6.0
5	5.0
6	4.0
7	3.0
8	2.0
9	1.0
10 AND AFTER	0.0

## SECTION 3 – TABLE OF VALUES

(SEE PROVISION 8.4 OF SECTION 8 FOR DETAILED EXPLANATION)

THE VALUES SHOWN ARE BASED ON AN ANNUAL ANNUITY PURCHASE PREMIUM OF \$100.00 ON THE POLICY DATE AND ON EACH POLICY ANNIVERSARY THEREAFTER

END OF YEAR	ANNUITY FUND VALUE	CASH VALUE	END OF YEAR	ANNUITY FUND VALUE	CASH VALUE
1	\$103.00	\$96.87	36	\$4,353.60	\$4,353.60
2	205.03	192.83	37	4,498.13	4,498.13
3	308.08	289.75	38	4,644.12	4,644.12
4	412.16	391.14	39	4,791.56	4,791.56
5	517.28	495.30	40	4,940.47	4,940.47
6	623.46	602.26	41	5,090.88	5,090.88
7	730.69	712.06	42	5,242.79	5,242.79
8	839.00	824.73	43	5,396.21	5,396.21
9	948.39	940.33	44	5,551.18	5,551.18
10	1,058.87	1,058.87	45	5,707.69	5,707.69
11	1,170.46	1,170.46	46	5,865.76	5,865.76
12	1,283.16	1,283.16	47	6,025.42	6,025.42
13	1,397.00	1,397.00	48	6,186.68	6,186.68
14	1,511.97	1,511.97	49	6,349.54	6,349.54
15	1,628.09	1,628.09	50	6,514.04	6,514.04
16	1,745.37	1,745.37	51	6,680.18	6,680.18
17	1,863.82	1,863.82	52	6,847.98	6,847.98
18	1,983.46	1,983.46	53	7,017.46	7,017.46
19	2,104.29	2,104.29	54	7,188.63	7,188.63
20	2,226.34	2,226.34	55	7,361.52	7,361.52
21	2,349.60	2,349.60	56	7,536.14	7,536.14
22	2,474.09	2,474.09	57	7,712.50	7,712.50
23	2,599.84	2,599.84	58	7,890.62	7,890.62
24	2,726.83	2,726.83	59	8,070.53	8,070.53
25	2,855.10	2,855.10	60	8,252.23	8,252.23
26	2,984.65	2,984.65	61	8,435.76	8,435.76
27	3,115.50	3,115.50	62	8,621.11	8,621.11
28	3,247.66	3,247.66	63	8,808.33	8,808.33
29	3,381.13	3,381.13	64	8,997.41	8,997.41
30	3,515.94	3,515.94	65	9,188.38	9,188.38
31	3,652.10	3,652.10			
32	3,789.62	3,789.62			
33	3,928.52	3,928.52			
34	4,068.80	4,068.80			
35	4,210.49	4,210.19			

## SECTION 4

### ANNUITY INCOME OPTION TABLES

See Section 10 Annuity Income Options for further explanation. Amounts for each \$10,000 of proceeds follow (monthly income for proceeds of other amounts is proportional). Amounts for other ages shall be furnished upon request. The actuarial basis of the annuity income values shown is the Annuity 2000 Mortality Table and interest at 1% per annum.

#### OPTION 1: LIFE ANNUITY

<u>Age</u>	<u>Male</u>	<u>Female</u>
60	\$38.86	\$35.20
65	45.83	41.09
70	55.44	49.28
75	68.67	61.18
80	87.18	78.76
85	113.03	104.96
90	148.46	142.34
95	196.37	189.99
100	269.45	256.88

#### OPTION 2: LIFE ANNUITY WITH PERIOD CERTAIN

<u>Age (Male)</u>	<u>Age (Female)</u>	<u>5 Years</u>	<u>10 Years</u>	<u>15 Years</u>	<u>20 Years</u>
60		\$38.71	\$38.18	\$37.15	\$35.50
70		54.63	51.96	47.56	42.13
80		82.22	69.88	56.33	45.40
90		121.22	83.19	59.50	45.93
100		157.70	87.39	59.78	45.93
	60	35.12	34.85	34.31	33.38
	70	48.89	47.51	44.85	40.93
	80	75.74	66.95	55.49	45.23
	90	118.43	82.60	59.43	45.92
	100	155.69	87.35	59.78	45.93

#### OPTION 3: JOINT LIFE ANNUITY

<u>Age (Male)</u>	<u>Age (Female)</u>	<u>70</u>	<u>80</u>	<u>90</u>	<u>100</u>
	<u>60</u>				
60	\$30.76	\$34.89	\$37.43	\$38.45	\$38.75
70	33.33	41.47	49.10	53.35	54.85
80	34.56	46.14	62.31	76.56	83.65
90	35.00	48.28	72.03	104.14	129.19
100	35.15	49.02	76.77	126.71	186.01

#### OPTION 4: FULL CASH REFUND

<u>Age</u>	<u>Male</u>	<u>Female</u>
60	\$32.58	\$31.00
65	36.48	34.76
70	41.30	39.49
75	47.29	45.46
80	54.80	53.05
85	64.30	62.63
90	76.49	74.71
95	93.41	90.79
100	119.98	115.86

## SECTION 5

### DEFINITIONS

When we use the following words this is what we mean:

**Annuitant**

The person named in the application and on whose life the first annuity payment is to be made. The Annuitant shall be a member of the Association and have all rights of membership.

**Annuity Fund Value**

The accumulation at interest of the annuity purchase premiums plus declared dividends, if any, less partial cash surrenders, if any, including surrender charges thereon.

**Annuity Income Benefit Agreement**

Agreement that states the terms and conditions under which annuity income payments shall be made in accordance with the annuity income option selected.

**Annuity Income Benefit Agreement Date**

The date an annuity income option is elected.

**Annuity Income Date**

The day annuity income payments to the Annuitant begin as set forth on the Policy Data page.

**Beneficiary**

The person or persons, as designated by the Owner, entitled to receive benefits as per the terms of the policy in case of the death of the Annuitant or the Owner or other Owners, as applicable.

**Cash Value**

The Annuity Fund Value less a surrender charge.

**In force**

Benefits provided by this policy are in effect.

**Owner**

The person or persons shown on the application or on a subsequent Change of Ownership Form received by, approved, and accepted by the Association. Unless the Annuitant and Owner are the same person, the Owner shall have no rights of membership.

**Payee**

The Annuitant or the Annuitant and one other person.

**Proceeds**

The amount or amounts we are obligated to pay under the terms of this policy.

**Policy Anniversary**

The same day and month as your Policy Date for each succeeding year your policy remains in force.

**Policy Date**

The effective date of this policy and the date from which Policy Anniversaries, Policy Years, and policy months are determined.

**Policy Year**

The first Policy Year runs from the Policy Date to the first Policy Anniversary. The second and subsequent Policy Years are determined accordingly.

**Terminate**

All benefits provided by this policy cease.

**We, Our, Us**

The Degree of Honor Protective Association, a Minnesota fraternal benefit society.

**Written Request**

A request in writing signed by you and received by us at our Home Office in Saint Paul, Minnesota. We may require that your policy be sent with your written request.

**You, Your**

The Owner of this policy as shown on the Policy Data page. Unless the Annuitant and Owner are the same person, the Owner shall have no rights of membership.

## **SECTION 6**

### **GENERAL PROVISIONS**

#### **6.1 THE CONTRACT**

This policy is issued in consideration of:

- (a) your application;
- (b) the initial annuity purchase premium; and
- (c) the policy provisions.

The entire contract consists of:

- (1) this policy;
- (2) the attached application; and
- (3) our Articles of Incorporation and Bylaws, as amended from time to time; and
- (4) riders and endorsements, if any.

No change in our Articles of Incorporation or Bylaws made after the Policy Date shall reduce or change the benefits promised in this policy. You may continue this policy in force even if your membership in our Association is terminated.

All statements made in the application are representations and not warranties. We cannot use any statement to invalidate the policy nor to defend against a claim unless that statement is contained in the written application.

We may not be bound by any modification to any provision of this policy unless that modification or waiver is approved in writing by our Chief Executive Officer or Secretary. No agent or other person has the authority to change or modify this policy or waive any of its provisions unless the modification or waiver is signed by our Chief Executive Officer or Secretary.

#### **6.2 OWNERSHIP**

The Owner shall be entitled to exercise all rights and privileges in connection with this policy. These rights and privileges can be exercised without the consent of any person including the Annuitant (if other than the Owner) and Beneficiary. These rights and privileges may only be exercised prior to the Annuity Income Date and only during the lifetime of the Annuitant except as otherwise provided in this policy.

The Owner may change the ownership of this policy at any time before the Annuity Income Date while the Owner and Annuitant are living. The request must be in writing in a form acceptable to us. Our approval is needed and no change is effective until we approve and record it. Once approved and recorded, the change is effective as of the date it was signed. We have the right to require that this policy be sent to us so we can record the change.

#### **6.3 ASSIGNMENT**

You may assign this policy subject to either our rules or IRS rules. We are not bound by the assignment unless it is filed at our Home Office and approved by us. In order to approve the change of assignment, the Assignee must be consistent with Internal Revenue Code Section 501(c)(8) which requires that the policy provide benefits for the member or his/her dependents. Once approved and recorded, the assignment is effective as of the date you signed it. We are not responsible for the validity or effect of any assignment. In the event of assignment the Annuitant shall keep all membership rights.

## **6.4 CHANGE OF BENEFICIARY**

You may change a designated Beneficiary of this policy at any time while the Owner and the Annuitant are living. Your request must be in writing in a form acceptable to us. Our approval is needed and no change is effective until we approve and record it. In order to approve the change of designated Beneficiary, the designated Beneficiary must be consistent with Internal Revenue Code Section 501(c)(8) which requires that the policy provide benefits for the member or his/her dependents. Once approved and recorded, the change is effective as of the date you signed it. We have the right to require that you send us this policy so we can record the change.

## **6.5 CONFORMITY**

This policy is subject to the laws of the state in which this policy is delivered. If part of it does not follow that law, it shall be treated as if it does.

## **6.6 DIVISIBLE SURPLUS**

As annually ascertained by our Board of Directors, you may participate in our divisible surplus. Divisible surplus:

- (a) accrues from participating policies only;
- (b) is apportioned by our Board of Directors; and
- (c) is distributed in the form of dividends or cash.

Before an annuity income option has been put into effect any declared dividend shall be added to the Annuity Fund Value. After an annuity income option is in effect any declared dividend shall be used to increase the monthly benefit payable under the annuity income option.

As of the Policy Date, we do not expect this policy to contribute to divisible surplus.

## **6.7 MISSTATEMENT OF AGE OR SEX**

If the Annuitant's issue age or sex is not correctly shown in Section 1, we shall adjust the amount of annuity income benefit payable under your policy. The annuity income benefit shall be adjusted to conform to the correct age and sex. Any underpayments already made by us on account of such misstatement shall be paid immediately. Any overpayments made by us shall be charged against the next succeeding payments to be made by us under this policy.

## **6.8 INCONTESTABILITY**

Your policy is incontestable.

## **6.9 MAINTENANCE OF LEGAL RESERVES**

If for any reason at any time we do not have sufficient assets to cover the legal reserves required by this policy, the amount of such deficiency shall be equitably apportioned to all our outstanding policies.

The amount thus apportioned to your policy shall either:

- (a) be paid in cash by you; or
- (b) be used to reduce this policy's benefit proportionately by the value of the requested contributions.

## **SECTION 7**

### **ANNUITY PURCHASE PREMIUMS**

#### **7.1 INITIAL PREMIUM**

The initial annuity purchase premium is shown on the Policy Data page. It is due on the Policy Date and must be paid to place this policy in force.

#### **7.2 ADDITIONAL PREMIUMS**

After the initial annuity purchase premium has been made, additional annuity purchase premiums of \$25 or more may be made at any time while this policy is in force prior to the Annuity Income Date. However, after payment of the initial annuity purchase premium, no additional annuity purchase premiums are required to maintain this policy in force. Total annuity purchase premiums in any Policy Year may not exceed the greater of:

- (a) \$5,000, except with our consent; or
- (b) maximum contributions as permitted under federal income tax laws.

All annuity purchase premiums are payable to us at our Home Office. A receipt for the premium shall be furnished upon request.

## **SECTION 8**

### **ANNUITY FUND VALUE, CASH VALUE**

#### **8.1 ANNUITY FUND VALUE**

The Annuity Fund Value of this policy is the accumulation at interest of:

- (a) annuity purchase premiums; plus
- (b) declared dividends, if any; less
- (c) partial cash surrenders, if any, including surrender charges thereon.

The Annuity Fund Value shall be increased on the date:

- (1) an annuity purchase premium is received at our Home Office; or
- (2) a dividend is declared on this policy;

The Annuity Fund Value shall be decreased on the date a check for a partial cash surrender of this policy is issued.

#### **8.2 INTEREST CREDITING**

We shall credit the Annuity Fund Value daily with interest. Interest rates shall be determined from time to time by the Board of Directors but shall never be less than the guaranteed interest rates shown on the Policy Data page.

#### **8.3 CASH VALUE**

The Cash Value is the Annuity Fund Value less a surrender charge. The surrender charge is determined by multiplying the portion of the Annuity Fund Value that is in excess of the amount that can be surrendered without a surrender charge, in accordance with Provision 9.5, by the appropriate percentage from the Surrender Charge Schedule in Section 2.

Cash Values are greater than or equal to the minimum values required by the state in which this policy is delivered.

#### **8.4 TABLE OF VALUES**

Annuity Fund Values and Cash Values, calculated at the guaranteed rates shown on the Policy Data page, are shown in Section 3. Values shown are for an annual annuity purchase premium in the amount shown in Section 3; values for annual annuity purchase premiums other than the amount shown are proportional. Values shown are for a policy without dividends or partial cash surrender and assume an annuity purchase premium in the amount shown is received on the Policy Date and on each Policy Anniversary thereafter. Values are shown at the end of the respective Policy Year. Values at the end of any other Policy Year shall be furnished upon request.

Values at any time during a Policy Year shall be determined with allowance for the part of the year that has elapsed. Values within 30 days after a Policy Anniversary shall not be less than the value on such Policy Anniversary, unless a partial cash surrender is made during that time.

#### **8.5 ANNUAL REPORT**

We shall send you a report on this policy once a year. The report shall tell you for the Policy Year just completed:

- (a) the Annuity Fund Value at the beginning and end of the Policy Year;
- (b) the Cash Value at the end of the Policy Year;
- (c) the death benefit at the end of the Policy Year;
- (d) the annuity purchase premiums you paid during the last Policy Year;
- (e) the value of any dividends declared during the last Policy Year; and
- (f) any partial cash surrenders you made during the last Policy Year.



## SECTION 9

### DEATH BENEFIT, CASH SURRENDER

#### 9.1 DEATH BENEFIT

Only one death benefit shall be paid under this policy. The Annuity Fund Value shall be paid at the death of the Owner or Annuitant, whichever comes first. This policy shall then be terminated upon payment of the death benefit proceeds or upon election of one of the death benefit payment options.

Interest shall be paid from the date of death to the date of settlement at the rate of at least the guaranteed rate shown on the Policy Data page, but not less than that required by law.

If the Annuitant and Owner are the same person and death occurs before the Annuity Income Benefit Agreement Date, the beneficiary shall be the designated Beneficiary. If the designated Beneficiary is the spouse, this policy may be continued in full force as a deferred annuity and the spouse shall then be the Annuitant and Owner of the policy. If there is no living designated Beneficiary in effect, the estate of the Annuitant/Owner shall be the Beneficiary.

If the Annuitant and Owner are not the same person:

- (a) If the Annuitant dies before the Owner and before the Annuity Income Benefit Agreement Date, the beneficiary shall be the surviving Owner, even if the designated Beneficiary is different. If the surviving Owner is the Annuitant's spouse, the policy may be continued in full force as a deferred annuity and the spouse shall then be the Annuitant and the Owner of the policy.
- (b) If the Owner dies before the Annuitant and before the Annuity Income Benefit Agreement Date, the Owner's beneficiary shall be the surviving Owner, if any, even if the designated Beneficiary is different; otherwise, the beneficiary shall be the designated Beneficiary. If there is no living designated Beneficiary in effect, the estate of the last surviving Owner shall be the Beneficiary. If the designated Beneficiary of the deceased Owner is the Owner's spouse, the policy may be continued in full force as a deferred annuity and the spouse shall then be the Owner of the policy.

Death benefit proceeds may be paid:

- (1) immediately in a lump sum; or
- (2) over a period not to exceed five years from the date of death, with interest at not less than the guaranteed rate; or
- (3) under Annuity Income Option 1 of Section 10.3 provided such monthly payments commence within one year of the date of death. The designated Beneficiary will become the Payee under this option; or
- (4) under any other option that is mutually agreeable between you and us, provided the benefits do not exceed the Beneficiary's life expectancy and distribution commences within one year of the date of death.

## **9.2 FULL CASH SURRENDER**

By written request you may surrender this policy for its Cash Value at any time before annuity income payments under any annuity income option have begun. The Cash Value shall be determined as of the date we receive your request for surrender. We may defer payment of the Cash Value for not more than six months provided we have made written request and received written approval of the Insurance Commissioner of the state in which this policy is delivered. If payment is deferred for more than 31 days, interest at the rate not less than the guaranteed rate shown on the Policy Data page shall be allowed on the Cash Value from the date of request for surrender to the date of payment. This policy shall be terminated if fully surrendered.

## **9.3 PARTIAL CASH SURRENDER**

By written request you may surrender a portion of the Cash Value of this policy at any time before annuity income payments under any annuity income option have begun. Any partial cash surrender must be for an amount that is at least that shown on the Policy Data page.

## **9.4 SURRENDER CHARGE**

Except as provided in Section 9.5, a surrender charge shall be applied to a request for full or partial cash surrender. The surrender charge shall be determined as of the date we receive your written request. The applicable surrender charge for any full cash surrender is determined by multiplying the portion of the Annuity Fund Value that is in excess of the amount that can be surrendered without surrender charge by the appropriate percentage from the Surrender Charge Schedule in Section 2. The applicable surrender charge for any partial cash surrender is determined by multiplying the portion of the partial cash surrender amount that is in excess of the amount that can be surrendered without surrender charge by the appropriate percentage from the Surrender Charge Schedule in Section 2.

## **9.5 SURRENDER CHARGE WAIVER**

No surrender charge shall be applied if the request is for:

- (a) full cash surrender proceeds to be applied under one of the annuity income options of Section 10.3; or
- (b) commencing in Policy Year One and each Policy Year thereafter, an amount annually not to exceed 15% of the Annuity Fund Value; or
- (c) an amount which equals the amount of any required minimum distribution under federal income tax laws without penalty for qualified retirement plans; or
- (d) any amount if the Annuitant has been confined to a Hospital or Skilled Health Care Facility, provided:
  - (1) the confinement occurred after the effective date of this policy;
  - (2) we receive satisfactory proof that the Annuitant has been confined; and
  - (3) the confinement has been for at least 60 consecutive days and continues at the time the request is made; or
  - (4) the confinement has been for at least 60 consecutive days and the request is received within 60 days following the Annuitant's discharge from the Hospital or Skilled Health Care Facility.

A Hospital or Skilled Health Care Facility is defined as a facility which:

- (1) is licensed by an appropriate licensing agency to provide health services;
- (2) provides 24-hour-per-day nursing services;
- (3) has a doctor available for emergency situations;
- (4) has a nurse on duty or on call at all times;
- (5) maintains clinical records; and
- (6) has appropriate methods for administering drugs.

## **SECTION 10**

### **ANNUITY INCOME OPTIONS, MONTHLY INCOME TABLES**

#### **10.1 ELECTION OF ANNUITY INCOME OPTION**

The Annuity Fund Value determined as of any date on or prior to the Annuity Income Date may be applied under one of the options provided in Provision 10.3. You may designate in the application, or may elect at any time before the Annuity Income Date, an annuity income option in any of the following forms.

You may also select a combination of options or any other options that are mutually agreeable between you and us. If no option has been selected, we automatically as of the Annuity Income Date shall apply the proceeds to a life annuity with a 10-year period certain under Option 2.

#### **10.2 ANNUITY INCOME BENEFIT AGREEMENT**

The date an annuity income option is elected becomes the Annuity Income Benefit Agreement Date. The Annuitant becomes the Payee on the Annuity Income Benefit Agreement Date.

When the annuity income benefit is elected, we shall prepare an Annuity Income Benefit Agreement that shall state the terms and conditions under which the payments shall be made according to the option you select. It shall include a designation of the Payee and the Payee's Beneficiary if Option 2 or 4 is selected.

If an annuity income option other than Options 1-4 is in effect, and if the death of the Payee occurs before the entire interest in such annuity income option has been distributed, the remaining portion shall be distributed to the Payee's Beneficiary at least as rapidly as under, and in the manner prescribed by, the annuity income option in effect at the date of the Payee's death.

#### **10.3 ANNUITY INCOME OPTIONS AND TABLES**

See Section 4 for Annuity Income Option Tables.

Option 1: LIFE ANNUITY. Monthly payments shall be made as long as the Payee is alive. No further benefits shall be payable after the Payee's death. The amount of each monthly payment is determined by the age and sex of the Payee on the date the monthly payments commence.

Option 2: LIFE ANNUITY WITH PERIOD CERTAIN. Monthly payments shall be made for a specified period of 5, 10, 15 or 20 years and shall continue after the expiration of the specified period as long as the Payee is alive. If the Payee dies during the specified period, payments shall be continued to the end of that period to the Beneficiary designated in the Annuity Income Benefit Agreement. The amount of each monthly payment is determined by the age and sex of the Payee on the date the monthly payments commence.

Option 3: JOINT LIFE ANNUITY. Monthly payments shall be made during the joint lifetimes of the Payees (the Annuitant and one other person); and, after the death of either during the lifetime of the survivor. No further benefits shall be payable after the survivor's death. The amount of each monthly payment is determined by the ages and sexes of the Payees on the date the monthly payments commence.

Option 4: FULL CASH REFUND. Monthly payments shall be made as long as the Payee is alive. At the death of the Payee we shall pay to the Beneficiary designated in the Annuity Income Benefit Agreement:

- (a) the proceeds of this policy applied to purchase the monthly annuity income; less
- (b) the sum of the monthly annuity income payments made prior to the Payee's death; provided
- (c) (a) minus (b) is greater than \$0.

The amount of each monthly payment is determined by the age and sex of the Payee on the date the monthly payments commence.

Election of any of the above options is conditioned upon a minimum monthly payment of \$100. If the monthly payment is less than \$100, we may elect to pay the annuity income benefit annually.

#### **10.4 BASIS OF ANNUITY INCOME BENEFIT VALUES**

All computations involving annuity income and shown in the tables in Section 4 are based on the mortality table and interest rate shown in Section 4. These are the guaranteed minimum annuity income amounts for this policy. We may, at the time an annuity income option is exercised, provide an annuity income amount in excess of these guaranteed minimums.



# **Degree of Honor Protective Association**

**“A Fraternal Benefit Society”**

[400 Robert Street North, Suite 1600  
Saint Paul, Minnesota 55101]  
[651.228.7600 or 800.947.5812]  
[[www.degreeofhonor.org](http://www.degreeofhonor.org)]

## **FLEXIBLE PREMIUM DEFERRED ANNUITY POLICY**

**Annuity income payments to Annuitant beginning on the Annuity Income Benefit Agreement Date**

**Death benefit payable at death of Owner or Annuitant before the Annuity Income Date**

**Annuity purchase premiums payable to the Annuity Income Date or the death of the Owner or Annuitant  
Participating**

SERFF Tracking Number: GBAC-128421081 State: Arkansas

Filing Company: Degree of Honor Protective Association State Tracking Number:

Company Tracking Number: DOHFPDA-12

TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
Variable

Product Name: DOHFPDA-12

Project Name/Number: DOHFPDA-12/

## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**  
Regulation 49 (Limitations and Exclusions) N/A - DOH is a Fraternal Society

**Attachments:**  
AR Cert Comp 19.pdf  
AR Flesch Certification.pdf  
AR Co.-Agent NOTICE (AK) .pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Application

**Comments:**  
Approved 10/26/2006

**Attachment:**  
apan06ar.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Life & Annuity - Actuarial Memo

**Comments:**

**Attachment:**  
Actuarial Memo FPDA-12.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Third Party Authorization Letter

**Comments:**

**Attachment:**  
Authorization Letter.pdf

<i>SERFF Tracking Number:</i>	<i>GBAC-128421081</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Degree of Honor Protective Association</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>DOHFPDA-12</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
	<i>Variable</i>		
<i>Product Name:</i>	<i>DOHFPDA-12</i>		
<i>Project Name/Number:</i>	<i>DOHFPDA-12/</i>		

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment:**

Stmt Variability.pdf

# STATE OF ARKANSAS

1200 West Third Street  
Little Rock, AR 72201

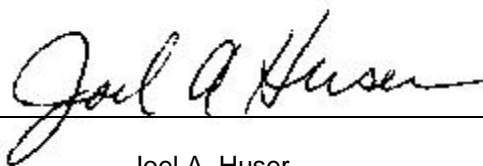
## ***Certification of Compliance Rule and Regulation 19***

Carrier: **DEGREE OF HONOR PROTECTIVE ASSOCIATION**

Form Number and Title: **FPDA-12**      **Flexible Premium Deferred Annuity Policy**

We hereby certify that to the best of our knowledge and belief the above submission complies with the Arkansas Rule and Regulation 19 as well as all applicable requirements of this department.

Signature of Officer: \_\_\_\_\_

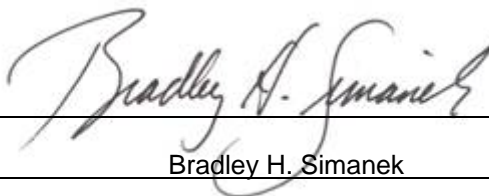


Name (typed or printed): \_\_\_\_\_ Joel A. Huser

Title or business affiliation: \_\_\_\_\_ Chief Financial Officer and Secretary

Date: June 1, 2012

Signature of Actuary : \_\_\_\_\_



Name (typed or printed): \_\_\_\_\_ Bradley H. Simanek

Title or business affiliation: \_\_\_\_\_ Consulting Actuary, Griffith, Ballard and Company

Date: June 1, 2012



STATE OF ARKANSAS

DEPARTMENT OF INSURANCE


1200 West Third Street  
Little Rock, AR 72201

CERTIFICATION

Readability Requirement

DEGREE OF HONOR PROTECTIVE ASSOCIATION hereby certifies that this filing complies with Ark. Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act and achieves a Flesch reading ease test score as follows:

<u>Form #</u>	<u>Sentences</u>	<u>Words</u>	<u>Syllables/ Characters</u>	<u>Flesch Score</u>
FPDA-12	195	2,965	4,910	51.30

  
Signature

Joel A. Huser  
Name (Signed by Officer of Company)

Chief Financial Officer and Secretary  
Title

**KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

PROBLEMS WITH YOUR INSURANCE? - If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

**INSURANCE COMPANY:**  
**Degree of Honor Protective Association**  
**Member Services**  
**400 Robert Street North, Ste. 1600**  
**St. Paul, MN 55101-2029**  
**1-800-947-5812 or (651) 228-7600**

**YOUR AGENT:**

**Name:**\_\_\_\_\_

**Address:**\_\_\_\_\_

**City, State & Zip Code:**\_\_\_\_\_

**Phone:**\_\_\_\_\_

You can also contact the ARKANSAS INSURANCE DEPARTMENT, a state agency which enforces Arkansas's insurance laws, and file a complaint. You can contact the OFFICE OF THE COMMISSIONER OF INSURANCE by contacting:

**Arkansas Insurance Department**  
**Consumer Services Division**  
**1200 West Third Street**  
**Little Rock, AR 72201-1904**  
**1-800-852-5494 or (501)371-2640**



# *Degree of Honor Protective Association*

A Fraternal Benefit Society

## *Application for Annuity*

400 Robert Street North, Suite 1600  
Saint Paul, Minnesota 55101  
651.228.7600 or 800.947.5812  
degreeofhonor.com

NOT JUST AN ORDINARY INSURANCE COMPANY . . .

Since 1886, Degree of Honor Protective Association has helped families with their financial protection needs through its life insurance and annuity products.

Degree of Honor Protective Association offers over a century of experience and customer service with a strong financial position. Our investment portfolio is conservatively managed with an emphasis on investments in bonds.

As an insured member of our fraternal benefit society, you immediately become eligible for non-contractual fraternal benefits. These benefits help you and your family in meeting your financial needs.

As a fraternal insurance society, Degree of Honor Protective Association upholds standards that strengthen families and communities. We offer organized support that makes it easy for families to experience the benefits of helping others. Call it fraternalism, outreach, volunteering, or simply lending a hand; when we join hands to help others we all benefit. We offer a variety of ways for you to give back to your community.

**LODGE/SERVICE CLUB MEMBERSHIP** Is the Proposed Annuitant now a member of the Association?

\_\_\_\_ Yes Lodge/Service Club #\_\_\_\_ State\_\_\_\_. \_\_\_\_ No If "no", complete the **Membership Application**.

### **APPLICATION FOR MEMBERSHIP TO DEGREE OF HONOR PROTECTIVE ASSOCIATION**

**I hereby apply** for membership in the Association and its local Lodge/Service Club #\_\_\_\_ State of\_\_\_\_.

**I understand** that unless I select a specific Lodge/Service Club, the Association will select the Lodge/Service Club to which I will be assigned membership. **I agree**, if accepted, to abide by the Articles of Incorporation and Bylaws of the Association and the Bylaws of said Lodge/Service Club, all as the same now exist or are hereafter amended. **I hereby affirm** my belief in: Christian beliefs and values and demonstration of high moral character. The support and protection of family members and their dependents through fraternal insurance products. Promotion of the family unit and the seeking of ways to strengthen it. Assistance to members, their dependents and others in times of adversity. The desire to help others in need through community service and adherence to the principles of volunteerism. Maintenance of a representative form of government by providing members with the opportunity to become involved in structured events, club meetings, and programs. Respect for and allegiance to the United States of America and its flag by promoting patriotism. Adherence to the Golden Rule - "Do unto others as you would have them do unto you."

Date\_\_\_\_ Signature of Proposed Member\_\_\_\_

**Identification Verification for Proposed Annuitant and Owner.** The identification must be an unexpired government-issued identification card or document that includes a **photograph** and one or more of the following: driver's license, taxpayer identification number, passport number and country of issuance, alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence.

**A. PROPOSED ANNUITANT** *Please print.* Mail Policy to ☐ Agent ☐ Owner ☐ Other \_\_\_\_\_.

1. \_\_\_\_\_  
First Name Middle Name Last Name

2. \_\_\_\_\_  
Street Address - RFD - Box Number, City, State, Zip Code Social Security #

3. Sex ☐ Male ☐ Female 4. Marital Status \_\_\_\_\_ 5. Date of Birth \_\_\_\_\_ 6. Age \_\_\_\_\_

7. Home Telephone (\_\_\_\_\_) \_\_\_\_\_ 8. Business Telephone (\_\_\_\_\_) \_\_\_\_\_

Type of ID(s) \_\_\_\_\_ ID #(s) \_\_\_\_\_

**B. OWNER** *if other than Proposed Annuitant. Must comply with Fraternal Code. Non-Qualified Plans only.*

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Street Address - RFD - Box Number, City, State, Zip Code Social Security #

\_\_\_\_\_  
Relationship to Proposed Annuitant Date of Birth E-Mail Address Home Telephone #

Type of ID(s) \_\_\_\_\_ ID #(s) \_\_\_\_\_

**C. JOINT OWNERSHIP** *Must comply with Fraternal Code. Non-Qualified Plans only.*

Joint Owner \_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Street Address - RFD - Box Number, City, State, Zip Code Social Security #

\_\_\_\_\_  
Relationship to Proposed Annuitant Date of Birth E-Mail Address Home Telephone #

Type of ID(s) \_\_\_\_\_ ID #(s) \_\_\_\_\_

If applying for joint ownership, the terms of the Policy shall operate to replace the Designated Beneficiary with the surviving Joint Owner. Please refer to your Policy.

**D. BENEFICIARY DESIGNATION** *Must comply with Fraternal Code.*

Primary Beneficiary \_\_\_\_\_  
Name Social Security # Relationship to Annuitant

\_\_\_\_\_  
Street Address - RFD - Box Number, City, State, Zip Code Date of Birth Home Telephone #

Contingent Beneficiary \_\_\_\_\_  
Name Social Security # Relationship to Annuitant

\_\_\_\_\_  
Street Address - RFD - Box Number, City, State, Zip Code Date of Birth Home Telephone #

**E. REPLACEMENT INFORMATION** Is the annuity applied for intended to replace, change, or borrow on any existing life insurance or annuity in this or any other company? ☐ Yes ☐ No If "yes", attach any required replacement forms and complete information below.

\_\_\_\_\_  
Name of Existing Company Address Telephone # Contract # of Existing Policy

F. **DEFERRED ANNUITY** For direct deposit of interest payments or withdrawal of premiums, complete EFT form.

1. ☐ **Flexible Premium Plan** Expected Annual Premium \$ \_\_\_\_\_

Premium Payment Mode ☐ Monthly (EFT only) ☐ Quarterly ☐ Semi-annual ☐ Annual

2. ☐ **Single Premium Plus Plan** Expected Premium \$ \_\_\_\_\_

☐ **Immediate Interest Payment (Attach Form W-4P)** ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual

☐ Total Interest ☐ Partial Interest \$ \_\_\_\_\_

G. **IMMEDIATE ANNUITY Attach Form W-4P** For direct deposit of annuity payments, complete EFT form.

**Single Premium** \$ \_\_\_\_\_ **Payout Mode** ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual

☐ **Period Certain Only (Number of Years)** \_\_\_\_\_ **Payment for Period Certain Only** ☐ **Beginning of Mode**

☐ **Life with Full Cash Refund** ☐ **End of Mode**

☐ **Life with Guaranteed Period Certain** \_\_\_\_\_ (Years)

☐ **Life Only**

☐ **Joint and Survivor Life: Survivor Benefit** \_\_\_\_\_ % Sex ☐ M ☐ F Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Joint Annuitant \_\_\_\_\_

First Name

Middle Name

Last Name

Social Security #

H. **IS THE ANNUITY APPLIED FOR INTENDED TO BE A TAX-QUALIFIED PLAN?**

1. ☐ **Yes** ☐ **No** If "yes", indicate Plan below.

☐ **Traditional IRA**

☐ IRA

☐ Spousal IRA

☐ Direct Transfer

☐ IRA Rollover

☐ Other: \_\_\_\_\_

☐ **Roth Contributory IRA**

☐ Roth IRA

☐ Roth Spousal IRA

☐ Roth Transfer/Rollover

(from an existing Roth IRA)

☐ **Roth Conversion IRA**

☐ Traditional IRA to a Roth IRA

☐ Roth Conversion Rollover/Transfer

(from an existing Roth Conversion IRA)

Original Conversion Year: \_\_\_\_\_

2. If an IRA or Spousal IRA is indicated, please specify the amount and year of contribution.

Year \_\_\_\_\_ Amount \_\_\_\_\_ Year \_\_\_\_\_ Amount \_\_\_\_\_

#### DECLARATION

I hereby declare that the statements and answers made by me on this application are complete and true. I agree that the completed application, the policy issued to me upon this application, and the Articles of Incorporation and Bylaws of Degree of Honor Protective Association and all amendments to any of such documents, shall together constitute the entire annuity contract between me and the Association.

No Agent or Representative of the Association is authorized to waive any of the foregoing conditions.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

City, State

Month

Year

\_\_\_\_\_  
Signature of Proposed Annuitant

\_\_\_\_\_  
Witness - Authorized Agent

\_\_\_\_\_  
Signature of Owner (if Other than Proposed Annuitant)

\_\_\_\_\_  
Witness - Authorized Agent

\_\_\_\_\_  
Signature of Joint Owner (if applicable)

#### Fraud

#### Warning:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison.

#### ILLUSTRATION CERTIFICATION

I have received an illustration with this application. ☐ Yes ☐ No If "no", complete acknowledgement below.

##### Owner Acknowledgement

I did not receive an illustration at the time I applied for my Degree of Honor Protective Association annuity contract. I understand that an illustration conforming to the contract as issued will be provided no later than at the time of contract delivery.

Signature of Owner(s) \_\_\_\_\_ Date \_\_\_\_\_

##### Authorized Agent Acknowledgement

I certify that I did not present an illustration to the above-named Owner(s) at the time of application.

Signature of Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

<b>DEGREE OF HONOR PROTECTIVE ASSOCIATION</b>			
<b>BANK INFORMATION FOR ELECTRONIC FUNDS TRANSFER (EFT)</b>			
I (We) hereby authorize the above-named Association to initiate automatic premium payment withdrawals or annuity payment deposits to my(our) account indicated and the Financial Institution named to charge or deposit these payments to such account.			
Financial Institution Name _____			
<b>Account Type</b> <input type="checkbox"/> Checking Account* <input type="checkbox"/> Savings Account** <b>EFT Withdrawal Business Day of the Month***</b> <input type="checkbox"/> 1st day <input type="checkbox"/> 8th day <input type="checkbox"/> 16th day <input type="checkbox"/> 23rd day <b>EFT Deposit Business Day of the Month***</b> <input type="checkbox"/> 2nd day (Interest Option) <span style="margin-left: 250px;"><input type="checkbox"/> 3rd day (Immediate Annuity)</span> <input type="checkbox"/> 17th day (Immediate Annuity)			
*If choosing EFT <b><u>withdrawal from or deposit to</u></b> a <b>Checking Account</b> , attach a <b><u>voided check</u></b> for account and transit numbers. **If choosing EFT <b><u>withdrawal from</u></b> a <b>Savings Account</b> , attach a voided <b><u>withdrawal slip</u></b> with the preprinted account and transit numbers. If choosing EFT <b><u>deposit to</u></b> a <b>Savings Account</b> , attach a voided <b><u>deposit slip</u></b> with the preprinted account and transit numbers. ***If the day chosen falls on a weekend or holiday, the deposit or withdrawal shall be made on the next business day.			
<b>NOTE TO POLICYHOLDER.</b> This authority is to remain in full force and effect until Financial Institution has received written notification from you of its termination in such time and in such manner as to afford Financial Institution a reasonable opportunity to act on it. You have the right to stop payment of a premium by notification to Degree of Honor and/or the Financial Institution prior to charging the account. After the account has been charged, you have the right to have the amount of an erroneous payment immediately credited to your account by the Financial Institution up to 15 days following notification. You have the right to stop deposit of an annuity payment by notifying Degree of Honor Protective Association.			
<b>List Name(s) of Policyholder(s) and the Policy Number(s) for those premiums to be paid or deposits to be made by Electronic Funds Transfer under this Agreement.</b>			
NAME	POLICY #	NAME	POLICY #
<b>Signature</b>	<b>(Both Signatures required if joint account)</b>		<b>Signature</b>
Print Name(s) of Account Holder(s)			

Mail policy to ☐ Agent ☐ Owner ☐ Other \_\_\_\_\_.

1. Who wrote in the answers to the questions in the application? \_\_\_\_\_
2. Did the Proposed Annuitant read the entire application and the answers? ☐ YES ☐ NO
3. Was the application completed in your presence? ☐ YES ☐ NO
4. Was the application signed by the Proposed Annuitant? ☐ YES ☐ NO
5. Do you have any knowledge or belief that the annuity applied for on this application is intended to replace or change any life insurance policy or annuity with this or any other company? ☐ YES ☐ NO. Section E must be completed.
6. I ☐ have seen ☐ have not seen the ☐ Owner's and ☐ Proposed Annuitant's photo id (as applicable) and verified such identity(ies).
7. I have explained the anti-money laundering/terrorist financing information collecting requirements to the Owner and Proposed Annuitant.
8. Additional comments

DATED \_\_\_\_\_ SIGNED \_\_\_\_\_

Authorized Agent

AGENT PERSISTENCY NUMBER IS REQUIRED. PLEASE FULLY COMPLETE THIS SECTION.

Persistence Number	
Print Agent's Name	
Agent's Signature	
Agent's Telephone #	Agent's E-Mail Address
Percent (%)	

Persistence Number	
Print Agent's Name	
Agent's Signature	
Agent's Telephone #	Agent's E-Mail Address
Percent (%)	



May 31, 2012

Re: DEGREE OF HONOR PROTECTIVE ASSOCIATION – NAIC #57088  
FPDA-12 Flexible Premium Deferred Annuity Policy

To Whom it May Concern:

I HEREBY CERTIFY that Griffith, Ballard and Company has supervised the development of the form included in this submission, and that they are authorized to submit this form on behalf of DEGREE OF HONOR PROTECTIVE ASSOCIATION.

Any questions regarding this submission should be directed to Bradley H. Simanek, Consulting Actuary, Mary Taylor, Senior Actuarial Analyst or Mary Gardner, Compliance Coordinator, of Griffith, Ballard and Company, as the individual responsible for this filing.

Joel A. Huser, Chief Financial Officer and Secretary

Degree of Honor Protective Association  
400 Robert Street N, Suite 1600  
St. Paul, MN 55101-2029

# Statement of Variability

Company Name: **Degree of Honor Protective Association – NAIC #57088**

**FPDA-12      Flexible Premium Deferred Annuity Policy**

## COVER PAGE

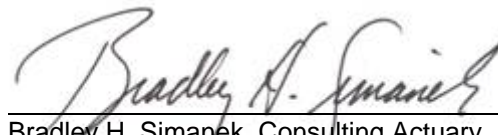
Association's Address  
Association's Telephone Number  
Officer's Signatures/Titles

## SECTION 1 – POLICY DATA

Owner  
Policy Number  
Annuitant  
Policy Date: Date of Issue  
Issue Age & Sex: Age of Insured at issue (18 to 85); Male or Female  
Annuity Income Date: Date upon which annuity income payments begin  
Lodge  
Initial Annuity Purchase Premium  
Planned Additional Annuity Purchase Premium  
Guaranteed Interest Rate: 1-15% First Policy Year; 1-6% Thereafter

## BACK PAGE

Association's Address  
Association's Telephone Number



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